



## Roots & Sprouts Registration Form

Parent Name: \_\_\_\_\_

Toddler Name (s): \_\_\_\_\_

Address: \_\_\_\_\_ NOLA Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS. YOU MAY OPT OUT OF THE PHOTO RELEASE:**

\_\_\_\_\_ I understand that I will be outdoors and will dress appropriately.

\_\_\_\_\_ I give LOOP and NORDC permission to take photos for promotional purposes.

\_\_\_\_\_ I give LOOP and NORDC permission to administer emergency healthcare in the unlikely event of its necessity.

\_\_\_\_\_ I understand that my child's personal needs (bathroom, behavior, etc.) are my responsibility.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit completed registration forms to:**

Emily Snyder, NORDC

800 Race Street

New Orleans, LA 70130

or

email scanned copy to [ersnyder@nola.gov](mailto:ersnyder@nola.gov)

Questions? Call Emily at 954-600-7022.



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